

**BROOKHAVEN SCIENCE ASSOCIATES MEDICAL PLAN COMPARISON
FOR MEDICARE-ELIGIBLE RETIREES, PARTICIPANTS ON LTD, AND SPOUSES**

	CIGNA Open Access Plus***		HIP VIP (HMO)*****	CIGNA INDEMNITY***
	<u>In-Network</u>	<u>Out-of-Network</u>		
Medical Care Provider	Participating physician/facility	Any physician/facility	Participating physician/facility	Any physician/facility
Payment of Benefits	No claim forms	Submit claim forms	No claim forms	Submit claim forms
Annual Deductible (Individual/Family)	N/A	\$500/\$1500	N/A	\$250/\$650
Annual Out-of-Pocket Maximum (Indiv./Family)	N/A	\$2500/\$7500 excluding deductible	N/A	\$900 per person excluding deductible
Lifetime Benefit Max	Unlimited	Unlimited	Unlimited	\$1,000,000
Pre-Existing Condition Limit	N/A	N/A	N/A	N/A
Office Visits	Covered in full after \$20 co-pay PCP**/ \$30 co-pay Specialist	80% of R&C after deductible	Covered in full for PCP** (\$10 co-pay for Specialist)	Illness: 80% of R&C after deductible. Injury: 100% of 1 st \$100 of R&C if within 48 hours, then 80% of R&C after deductible
Emergency Room (Accident/Illness)	Covered in full	<u>Emergency</u> : Covered in full <u>Non-emergency</u> : 80% of R&C after deductible	Covered in full after \$50 co-pay (Doctors/Specialists: \$10 co-pay)	Accident: 100% of R&C if within 48 hours. Illness: 80% of R&C after deductible
Inpatient Hospital (Semi-Private Room, Board, Services, Supplies)	Covered in full ----- Pre-admission certification required or \$250 penalty plus 50% reduction in benefits on any days not approved. -----	Covered in full	Covered in full	100% of R&C for 365 days. Then, 80% of R&C after deductible. Pre-admission certification required or penalty of the first \$250 & 50 % of the remaining charges is applied.
(Physician/Surgeon)	Covered in full	80% of R&C after deductible	Covered in full	Physician \$15/day (1MD limit) 31-day maximum. Then, 80% of R&C after deductible. Surgeon: based on schedule (\$7,200 maximum). Then, 80% of R&C after deductible.
Second Surgical Opinion (Office Visit)	Covered in full	100% of R&C	Covered in full	100% of R&C
Laboratory/X-Ray	Covered in full	80% of R&C after deductible	Covered in full	100% of R&C up to applicable limits. Then, 80% of R&C after deductible.
Prescription Medication (Retail: up to 30-day supply)	\$10 generic/\$25 brand name formulary /\$40 brand name non-formulary****	Must use in-network pharmacy	\$5 formulary/\$45 non-formulary	Participating pharmacies: \$5 generic/\$10 brand name
(Mail Order: 90-day supply)	\$20 generic/\$50 brand name formulary /\$80 brand name non-formulary****	Use in-network benefit	\$7.50 formulary/\$135 non-formulary	\$10 generic/\$20 brand name

Primary Care Physician. *The CIGNA Open Access Plus is not available to participants who were members of the IBEW union who terminated employment on or after 8/1/00. CIGNA Indemnity is only available to IBEW union members who terminated employment on or after 8/1/00. ****After \$100 per person/\$300 per family annual drug deductible *****Subject to change; pending CMS approval.
This is a brief summary and thus is not an all-inclusive description of services. Only covered expenses are provided/reimbursed through the programs. (R&C = Reasonable & Customary)

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Preventive Care (Well Woman Exam)	Covered in full after \$20 co-pay	80% of R&C after deductible	Covered in full	100% of R&C
(Pap Test)	Covered in full	80% of R&C after deductible	Covered in full	100% of R&C
(Mammogram)	Covered in full	80% of R&C after deductible	Covered in full	100% of R&C
(Annual Physical Exam)	Covered in full after \$20 co-pay if by PCP**	Not covered	Covered in full	Not covered
(Routine Eye Exam)	Not covered	Not covered	Covered in full after \$10 co-pay (optometrist:1/ year)	80% of R&C after deductible if performed by MD
Mental Health Care (Inpatient)	Covered in full	Same as inpatient hospital	Covered in full (190 day lifetime maximum) *	Same as inpatient hospital
(Outpatient)	Covered in full after \$30 co-pay	80% of R&C after deductible	\$20 co-pay/visit *	80% of R&C after deductible
Substance Abuse Treatment (Inpatient Detox)	Covered in full	Same as inpatient hospital	Covered in full (190 day lifetime maximum) *	Same as inpatient hospital
(Outpatient Rehab)	Covered in full after \$30 co-pay/visit	80% of R&C after deductible	\$20 co-pay/visit *	80% of R&C after deductible
Alternate Care (Home Health Care)	Covered in full ----- (Max: 40 visits/year combined in and out of network) -----	80% of R&C after deductible	Covered in full (Max: 200 visits/year)	80% of R&C after deductible Max: 40 visits/year
(Skilled Nursing Facility) Non-Custodial	Covered in full ----- (Max: 60 days/year combined in and out of network) -----	80% of R&C after deductible	Covered in full Max: 100 days per benefit period	80% of R&C after deductible Max: 60 days/year
(Outpatient Short-Term Rehab: Physical Therapy)	Covered in full after \$30 co-pay	80% of R&C after deductible	Covered in full after \$10 co-pay (Max: 90 visits/year)	80% of R&C after deductible
Hearing Aids	Covered in full ----- (Max: \$2000/1095 days) -----	80% of R&C after deductible	Not covered	80% of R&C after deductible (Max: \$2000/1095 days)
Durable Medical Equipment	Covered in full	80% of R&C after deductible	Covered in full	80% of R&C after deductible
External Prosthetic Devices	Covered in full	80% of R&C after deductible	Covered in full	80% of R&C after deductible

* Based on medical necessity up to Medicare limit. **Primary Care Physician. ***The CIGNA Open Access Plus is not available to participants who were members of the IBEW union who terminated employment on or after 8/1/00. CIGNA Indemnity is only available to IBEW union members who terminated employment on or after 8/1/00.

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